NOVEN PHARMACEUTICALS INC Form 5/A July 08, 2008 FORM 5 OMB APPROVAL OMB UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations **OWNERSHIP OF SECURITIES** response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person <sup>\*</sup> 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer WEST COAST ASSET Symbol MANAGEMENT INC NOVEN PHARMACEUTICALS (Check all applicable) INC [NOVN] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) Director 10% Owner Officer (give title \_X\_ Other (specify (Month/Day/Year) below) below) 12/31/2007 See remarks below 2151 ALESSANDRO DR. STE 215 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) 02/07/2008 VENTURA, CAÂ 93001 Form Filed by One Reporting Person \_X\_ Form Filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of 7. Nature of 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 6. Ownership Security (Month/Day/Year) Execution Date, if Transaction Acquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial anv (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned at end Indirect (I) Ownership of Issuer's (Instr. 4) (Instr. 4) (A) Fiscal Year or (Instr. 3 and 4) Amount (D) Price Persons who respond to the collection of information **SEC 2270** Reminder: Report on a separate line for each class of contained in this form are not required to respond unless securities beneficially owned directly or indirectly. (9-02)the form displays a currently valid OMB control number. Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of2.3. Transaction Date3A. Deemed4.5.6. Date Exercisable and7. Title and8. Price of9.DerivativeConversion(Month/Day/Year)Execution Date, ifTransactionNumberExpiration DateAmount ofDerivativeOperivative

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Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired	ities		Underlying Securities (Instr. 3 and 4)		(Instr. 5)	D Se Bi O
				<ul> <li>(A) or</li> <li>Disposed</li> <li>of (D)</li> <li>(Instr. 3,</li> <li>4, and 5)</li> </ul>						Eı Is Fi (It
				(A) (D)	Date Exercisable	Expiration Date	Title Amo or Num of Shar	ıber		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
		10% Owner	Officer	Other				
WEST COAST ASSET MANAGEME 2151 ALESSANDRO DR STE 215 VENTURA, CA 93001	NT INC Â	Â	Â	See remarks below				
Lowe R Atticus 2151 ALESSANDRO DRIVE SUITE 215 VENTURA, CA 93001	Â	Â	Â	See remarks below				
Helfert Lance W 2151 ALESSANDRO DRIVE SUITE 215 VENTURA, CA 93001	Â	Â	Â	See remarks below				
Orfalea Paul J 2151 ALESSANDRO DRIVE SUITE 215 VENTURA, CA 93001	Â	Â	Â	See remarks below				
Signatures								
Linda Schuman as Attorney	07/00/0000							

In Fact 07/08/2008

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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#### **Remarks:**

The Reporting Persons are filing this Form 5/A to indicate that the Form 5 previously filed on 0 Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure.

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Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.